

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90025 001 ****61.25

DOCUMENT # N01000001417

1. Entity Name

WISTERIA POINTE RECREATION ASSOCIATION, INC.



Principal Place of Business

**C/O INTERGRATED PROPERTY MGMT
3435 10TH STREET N. #201
NAPLES FL 34103**

Mailing Address

**C/O INTERGRATED PROPERTY MGMT
3435 10TH STREET N. #201
NAPLES FL 34103**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N01000001417

City & State

Zip

Country

Zip

Country

WISTERIA POINTE RECREATION ASSOCIATION, INC.

4. FEI Number **65-1153913**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENNELLS, SCOTT

C/O WEIBEL & HENNELLS MGMT

**3435 10TH STREET N. #201
9240 BONITA BEACH RD. #3305
BONITA SPRINGS FL 34135**

C/O INTERGRATED PROPERTY MGMT

**3435 10TH STREET N. #201
NAPLES FL 34103**

Name

Shields, Christopher J.

Street Address (P.O. Box Number is Not Acceptable)

1833 Hendry Street

City

PO Drawer 1507

Ft. Myers

Zip Code

33902

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Chris Shields

2/7/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

65-1153913

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. **HENNELLS, SCOTT** OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **WEIBEL & HENNELLS**
STREET ADDRESS **9240 BONITA BEACH RD. #3305**
CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE ☒ Change ☐ Addition
NAME **P/D Greenwood, Alfred**
STREET ADDRESS **23520 Wisteria Pointe Dr.**
CITY-ST-ZIP **Bonita Springs, FL**

TITLE **D** ☐ Delete
NAME **LANTZY, EARL**
STREET ADDRESS **23520 WISTERIA POINTE DR.**
CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE ☒ Change ☐ Addition
NAME **S/T/D Lantzy, Earl**
STREET ADDRESS **23530 Wisteria Pointe Dr.**
CITY-ST-ZIP **Bonita Springs, FL**

TITLE **D** ☒ Delete
NAME **MURPHY, HOLLY**
STREET ADDRESS **23520 WISTERIA POINTE DR.**
CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE ☐ Change ☒ Addition
NAME **V/D Glick, Jr., John**
STREET ADDRESS **23570 Wisteria Pointe Dr.**
CITY-ST-ZIP **Bonita Springs, FL**

TITLE ☐ Delete
NAME **D. GREENWOOD, ALFRED**
STREET ADDRESS **23520 WISTERIA POINTE DR.**
CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE ☐ Change ☒ Addition
NAME **D Bridge, Larry**
STREET ADDRESS **23570 Wisteria Pointe Dr.**
CITY-ST-ZIP **Bonita Springs, FL**

TITLE ☐ Delete
NAME **23520 WISTERIA POINTE DR.**
STREET ADDRESS **BONITA SPRINGS FL**
CITY-ST-ZIP **D LANTZY, EARL**

TITLE ☐ Change ☒ Addition
NAME **D Hall, Christine**
STREET ADDRESS **23560 Wisteria Pointe Dr.**
CITY-ST-ZIP **Bonita Springs, FL**

TITLE ☐ Delete
NAME **23520 WISTERIA POINTE DR.**
STREET ADDRESS **BONITA SPRINGS FL**
CITY-ST-ZIP **D MURPHY, HOLLY**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **Alfred Greenwood**

4/08/03

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CR2E037 (10/02)